MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00673

687

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown
LENGTH OF STAY (in this place) 37
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Hospital 72

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE maryland COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown
STREET ADDRESS (If rural give location) Rural - Fairlee

3. NAME OF DECEASED: (Type or Print) (First) Stanley (Middle) Lee (Last) Bald

4. DATE OF DEATH: (Month) Jan. (Day) 24 (Year) 1956

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: July 1, 1890
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Watchman
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Bald
14. MOTHER'S MAIDEN NAME: Susan Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-14-8386
17. INFORMANT & ADDRESS: Mrs. Sarah Bald Chestertown, Md. R.F.D.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X
IMMEDIATE CAUSE (A) Brain tumor (metastasis from lung) — INTERVAL BETWEEN ONSET AND DEATH: 4 months
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Carcinoma of lung — 2 years
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: May, 1955
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of lung, left (removal of lung)
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1955 to Jan. 24, 1956 that I last saw the deceased alive on Jan. 23, 1956, and that death occurred at 3:30 A.M., from the causes and on the date stated above.
SIGNATURE Willard F. Smith M. D. ADDRESS Rock Hall, Md. DATE SIGNED Jan. 24 1956

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Jan. 27, 1956
NAME OF CEMETERY OR CREMATORY Chester Cemetery
LOCATION (City, town, or county) (State) Chestertown, Md.

DATE REC'D BY LOCAL REGISTRAR Jan. 25-1956
REGISTRAR'S SIGNATURE Clara S. Barnes
24. FUNERAL DIRECTOR J. Willis Wells
ADDRESS Chestertown, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00674

688

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown
STREET ADDRESS (If rural give location) 400 Calvert St.

3. NAME OF DECEASED: (Type or Print) (First) Leon (Middle) Raymond (Last) Black

4. DATE OF DEATH: (Month) I/I8/56 (Day) (Year) 19

5. SEX: M

6. COLOR OR RACE: col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 6/I7/I907

9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Various

11. BIRTHPLACE (State or foreign country): Kent Co. Md.

12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: Asbury Black

14. MOTHER'S MAIDEN NAME: Linda Rasin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY No. 2I8-I6-5203

17. INFORMANT & ADDRESS: Wife Elizabeth Black Chestertown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: one hour

ANTECEDENT CAUSE (B) DUE TO Coronary insufficiency — 4-5 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/18, 1956 to 1/18, 1956, that I last saw the deceased alive on 1/18, 1956, and that death occurred at 4:00 A.M., from the causes and on the date stated above.

SIGNATURE Robert Warn M. D. ADDRESS Chestertown, Md. DATE SIGNED Jan. 18, 1956

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF I/2I/I956 | NAME OF CEMETERY OR CREMATORY Fairlee (col.) Cem. | LOCATION (City, town, or county) (State) Fairlee - Kent Co. Md

DATE REC'D BY LOCAL REGISTRAR Jan. 19-1956 | REGISTRAR'S SIGNATURE Clara B. Barnes, | 24. FUNERAL DIRECTOR J. Willis Wells - | ADDRESS Chestertown, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be removed by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

699

00675

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH

COUNTY: KENT — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): MILLINGTON

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: MD. COUNTY: KENT

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): MILLINGTON

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) WILSON (Last) BRAMBLE

4. DATE OF DEATH: (Month) JAN. (Day) 21 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
F.	W.	MARRIED	MAY 2, 1892	63 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	DOMESTIC	MD	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ELDRIDGE A. WILSON	ISABELLE HARRINGTON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
—		NONE	HERMON BRAMBLE - MILLINGTON MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2 IMMEDIATE CAUSE (A) Edema of the lung. — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSE(S) DUE TO (B) Pneumonia. — 9 days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Degeneration of heart muscle. — 2 years.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes mellitus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
0		

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 12, 1956, to Jan 21, 1956; that I last saw the deceased alive on Jan. 20, 1956, and that death occurred at 12.05 PM, from the causes and on the date stated above.

SIGNATURE Geo Kinsley M.D. **ADDRESS** (Street, city, town, state) millington md **DATE SIGNED** 1.23.56.

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/24/56	MILLINGTON CEM.	MILLINGTON, KENT Co, MD

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
1/23/56	Edward Bellows	Edward Bellows	Millington Md

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be removed by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00676

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH

COUNTY: KENT — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): RURAL WORTON

LENGTH OF STAY (in this place): LIFE

HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: MD. COUNTY: KENT

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): RURAL WORTON

STREET ADDRESS (If rural give location): —

3. NAME OF DECEASED (Type or Print): (First) HARPER (Middle) RASIN (Last) CARTER

4. DATE OF DEATH (Month) JAN. (Day) 15, (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
MALE	WHITE	MARRIED	DEC. 27, 1884	71 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FARMER	FARM OWNER	MARYLAND	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM D. CARTER	MARY RASIN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
NO —	220-26-2800	DONALD K. CARTER WORTON, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

454X IMMEDIATE CAUSE (A) Thrombosis of Coronial Artery.

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Thrombosis of Coronial Artery.

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5, 1956, to Jan 14, 1956, that I last saw the deceased alive on Jan 14th, 1956, and that death occurred at 10 P. M. from the causes and on the date stated above.

SIGNATURE L. P. Alwell M.D. ADDRESS (Street, city, town, state) Still Pond Md. DATE SIGNED 1-15-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	JAN 19 1956	SHREWSBURY CEMTY	KENNEDYVILLE, MD.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
1/17/56	E Kennard Jones	Victor N. Kennedy	STILL POND, MD.

RECEIVED

JAN 19 1956

BUREAU V. S.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V5 A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00677

CERTIFICATE OF DEATH

Reg. Dist. No. 771

1. PLACE OF DEATH
COUNTY: KENT — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): CRUMPTON
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MD. COUNTY: KENT
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): CRUMPTON
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) ELWOOD (Middle) F. (Last) COLEMAN

4. DATE OF DEATH (Month) JAN. (Day) 27 (Year) 19 56

5. SEX	6. COLOR OR RACE	7. SINGLE, (MARRIED), WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M.	W.		8-18-1884	71 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Contractor		MARYLAND	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HENRY COLEMAN	NEAL FENNIMORE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
	214-34-6039	MRS. COLEMAN - CRUMPTON

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X IMMEDIATE CAUSE (A) Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH MD

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Metastasis to pituitary, Bones
DUE TO (C) Cachexia

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Renal Osteitis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1956	Carcinoma of Prostate	YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH— (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
NO		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1950, to Jan 27, 1956, that I last saw the deceased alive on Jan 26, 1956, and that death occurred at 5:20 A.M., from the causes and on the date stated above.

SIGNATURE: [signature] M. D. ADDRESS (Street, city, town, state): Rockhold, Md. DATE SIGNED: 1/29/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	JAN 30	CRUMPTON	CRUMPTON MD.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
Jan 30 1956	Edward Pellaur	EDGAR L. LANE	CHURCH HILL MD.

RECEIVED

FEB 3 1956

BUREAU V. S.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00679

CERTIFICATE OF DEATH

702

Reg. Dist. No. 2-03

1. PLACE OF DEATH

COUNTY: Kent — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rock Hall

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Kent

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rock Hall

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Maragrete (Middle) E. (Last) Coleman

4. DATE OF DEATH (Month) Jan. (Day) 6 (Year) 19 56

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F.	W.	Widowed	Dec. 5-1871	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Raymond Graff	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
	214-34-7224	Margaret Dashiell--Rock Hall, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A): Carcenoma of pancrear — INTERVAL BETWEEN ONSET AND DEATH: 18 months or longer

ANTECEDENT CAUSE(S) DUE TO (B):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C):

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Diabeter mellitas — at least 2 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED Wh... at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 19 53 to Jan. 6 19 56, that I last saw the deceased alive on Jan. 6, 19 56, and that death occurred at 4 P. M, from the causes and on the date stated above.

SIGNATURE Willard F. Smith M.D. **ADDRESS** (Street, city, town, state) Rock Hall, Md. **DATE SIGNED** 1/9/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 9	Wesley Chapel	Rock Hall, Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Jan 6 56	D. Elwood Burgess	Edgar L. Lane Church Hill, Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

689

CERTIFICATE OF DEATH

00680

Reg. Dist. No. 202

1. PLACE OF DEATH

COUNTY: Kent — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Chestertown

LENGTH OF STAY (In this place): 3 months

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 423 High Street

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Kent

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Chestertown

STREET ADDRESS (If rural give location): 423 High St

3. NAME OF DECEASED (Type or Print): (First) Benjamin (Middle) Hopper (Last) Cosden

4. DATE OF DEATH: (Month) January (Day) 30 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS: Hours / Min.
Male	White	Married	Dec. 27, 1876	79 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Grain buyer	Grain	Maryland	U.S.A.

13. FATHER'S NAME: Joseph Cosden

14. MOTHER'S MAIDEN NAME: Sarah Maria Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		214-03-6569	Mrs. Catherine Short, Ridgely Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

415X IMMEDIATE CAUSE (A) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Auricular fibrillation — 17 years

DUE TO (C) Myocarditis of rheumatic origin — (over 17 years)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1939, to Jan. 30, 1956, that I last saw the deceased alive on Jan 28, 1956, and that death occurred at 10:40 A.M., from the causes and on the date stated above.

SIGNATURE: A.C. Dick M.D. — ADDRESS (Street, city, town, state): Chestertown, Md. — DATE SIGNED: 1-30-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 2, 1956	Chester Cemetery	Chestertown, Md.

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE Jan. 30 1956	Clara L. Barnes.	J. Wills Wells	Chestertown, Md.

1

690

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00678

CERTIFICATE OF DEATH

Reg. Dist. No. 102

Items 3, 13 FilmG192 2-15-56 et

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be removed by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been examined by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15E 1-55 10M

1. PLACE OF DEATH

COUNTY: Kent — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Chestertown

LENGTH OF STAY (In this place): 10 minutes

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent & Queen Anne's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland COUNTY: Kent

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rock Hall

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Wilmer (Middle) Charles (Last) ~~Wilmer~~ Crouch

4. DATE OF DEATH: (Month) JAN (Day) 30 (Year) 19 56

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Dec 18 1898	57 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner

10b. KIND OF BUSINESS OR INDUSTRY: Lunch Room

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Wesley Crouch

14. MOTHER'S MAIDEN NAME: Grace Blackistone

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Charles Crowley · Rock Hall.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A): Right Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B): Pulmonary Emphysema — 4 years

DUE TO (C): Possible Carcinoma of Lung — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Probably Right Sided Failure

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED White at work ☐ Not white at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 28, 19 55, to Jan 30, 19 56, that I last saw the deceased alive on Jan 30, 19 56, and that death occurred at ..... M, from the causes and on the date stated above.

SIGNATURE: Thomas J. Solon — M.D. — ADDRESS (Street, city, town, state): Chestertown Maryland — DATE SIGNED: 1/31/56

23. BURIAL, CREMATION, or REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	FEB 2	WESLEY CHAPEL	ROCK HALL MD.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
Feb. 4-1956	Edgar L. Kanes.	Edgar L. Lane	Church Hill Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be removed by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

691

CERTIFICATE OF DEATH

00681

Item 9, Film G191 1-12-56 et

Reg. Dist. No. 202

1. PLACE OF DEATH

COUNTY Kent — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown

LENGTH OF STAY (In this place) 5 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS (If not in hospital give street address) Kent Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Kent

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Millington

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Gilberta (Middle) Lula (Last) Everett

4. DATE OF DEATH (Month) JAN. (Day) 1 (Year) 19 56

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	8-2-16	39 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alfred Robinson	Lizzie Dixon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No			H. P. Lewis

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 3c hours

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertension — several years

DUE TO (C) Nephritis — several years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Bleeding gastric ulcer

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
12-31-55		YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-28, 19 55, to 1-1, 19 56, that I last saw the deceased alive on 1-1, 19 56, and that death occurred at 7:15 P.M. from the causes and on the date stated above.

SIGNATURE A. L. Beck M.D. ADDRESS (Street, city, town, state) Chestertown Md. DATE SIGNED 1-2-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Bur.	1/4/56	Crumpton Cem.	Crumpton Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Jan. 4-1956	Clara S. Barnes.	Edward Fellows-Millington Md.

692

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00682

CERTIFICATE OF DEATH

Reg. Dist. No. 201

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Worton
STREET ADDRESS (If rural give location) RR#1

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Harris

4. DATE OF DEATH: (Month) Jan (Day) 17 (Year) 1956

5. SEX: Male | 6. COLOR OR RACE: Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: 1-16-56 | 9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 8 Min. 55

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Benjamin Harris
14. MOTHER'S MAIDEN NAME: Joyce Deborah Booker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: RR#1, Worton Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) 776X IMMEDIATE CAUSE — Embarrassment — 1 hour

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

DUE TO (B) Premature birth 26-28 wks

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-16, 1956, to 1-17, 1956 that I last saw the deceased alive on 1-17, 1956, and that death occurred at 7 a.m. M, from the causes and on the date stated above.

SIGNATURE Robert Jones M. D. ADDRESS Chestertown, Md DATE SIGNED 1-17-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | DATE THEREOF JAN. 18, 1956 | NAME OF CEMETERY OR CREMATORY SHARPTOWN CEMTY | LOCATION (City, town, or county) ROCK HALL, (State) MD.

DATE REC'D BY LOCAL REGISTRAR 1/17/56 | REGISTRAR'S SIGNATURE E Kennard Jones | 24. FUNERAL DIRECTOR Victor N. Kennedy | ADDRESS STILL POND MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00683

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fairlee
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Strong Nursing Home Chestertown R.F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown
STREET ADDRESS (If rural give location) Cannon # 418

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Emma (Last) Virons

4. DATE OF DEATH (Month) (Day) (Year) Jan. 28, 1956

5. SEX female | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed | 8. DATE OF BIRTH Oct. 21, 1864 | 9. AGE last birthday 91 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kent Co. Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George B. McWhorter
14. MOTHER'S MAIDEN NAME. Lydia Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT & ADDRESS: Bradford Virons Chestertown Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Toxemia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Consequence of Kyphosis — 2 wk
DUE TO (C) Arteriosclerosis — year

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Right Sided Heart Failure

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1955, to Jan 28, 1956 that I last saw the deceased alive on Jan. 25, 1956., and that death occurred at M. from the causes and on the date stated above.
SIGNATURE Thomas J. Tolson M.D. ADDRESS 226 W. Water St Chestertown MD DATE SIGNED 1/30/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Jan. 31, 1956
NAME OF CEMETERY OR CREMATORY Chester Cem.
LOCATION (City, town, or county) Chestertown, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Jan. 30—1956
REGISTRAR'S SIGNATURE Clara L. Barnes.
24. FUNERAL DIRECTOR J. Willis Wells
ADDRESS Chestertown, Md.

693 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00684

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH. COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Queen Anne's Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Crumpton
STREET ADDRESS (If rural give location) Pond town

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) M. (Last) HONEY Hoaney
4. DATE OF DEATH. (Month) Jan. (Day) 9 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Negro	Married	April 15, 1877	78 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	

13. FATHER'S NAME: William S. Elliott
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Elborn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
No			Hosp. Records

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Myocardial insufficiency	10 days
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Arteriosclerosis DUE TO	several years
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Gangrene both lower legs due to arteriosclerosis + frost bite	14 days

19A. DATE OF OPERATION: 1-9-56
19B. MAJOR FINDINGS OF OPERATION: Gangrene of both lower legs - arteriosclerosis.
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-30, 1955, to 1-9, 1956, that I last saw the deceased alive on 1-9, 1956, and that death occurred at 3:10 P M, from the causes and on the date stated above.

SIGNATURE [signature] ADDRESS M. D. Chestertown, Md. DATE SIGNED 1-12-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan. 12, 1956	Mt. Pleasant Cem.	Pondtown	Md.

DATE REC'D BY LOCAL REGISTRAR 1/11/56
REGISTRAR'S SIGNATURE Edward Fellows
24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

00685

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

694

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH
COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown 17.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent + Queen's Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Baby. (Middle) (Last) Johnson
4. DATE OF DEATH: (Month) 1 (Day) 2 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F.	Colored		1-1-56	3 Days yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10B KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Baby.		Md.	

13. FATHER'S NAME: Reginald Arnold Johnson.
14. MOTHER'S MAIDEN NAME: Violet Mae Jeffers.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
			Reginald Arnold Johnson - Millington Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
776.X IMMEDIATE CAUSE	(A) Premature Baby	4 hrs.
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
0		

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)	21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1 ..., 1956 to 1/2 ..., 1956, that I last saw the deceased alive on 1/2 ..., 1956, and that death occurred at ... M, from the causes and on the date stated above.

SIGNATURE Thomas J. Solon M. D. ADDRESS 226 Washington Chestertown Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 4 1956	Mt. Pleasant	Pondtown Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 3-1956	Clara L. Barnes.	Edward Pillow	Millington Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

20722
VS. A15—10-53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be removed by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

00686

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

724

CERTIFICATE OF DEATH

Reg. Dist. No. 343

1. PLACE OF DEATH

COUNTY Kent — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rock Hall

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Kent

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rock Hall

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) W. (Last) Kendall

4. DATE OF DEATH (Month) Jan. (Day) 4 (Year) 19 56

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
M.	W.	Widower	May 5- 1871	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waterman		Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John M. Kendall	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
		Mrs. W. McClary--Rock Hall, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 331 X

IMMEDIATE CAUSE (A) Cerebral Hemmorage — INTERVAL BETWEEN ONSET AND DEATH unknown

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 4, 19 56, to Jan 4, 19 56, that I last saw the deceased alive on Jan 4, 19 56, and that death occurred at 12 noon M. from the causes and on the date stated above.

SIGNATURE E Kesper M.D. **ADDRESS** (Street, city, town, state) Rock Hall 1/6/56 **DATE SIGNED**

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 6	Wesley Chapel	Rock Hall, Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Jan 6-1956	J. Emory Burgess	Edgar L. Lane Church Hill, Md.

00687

695 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH
COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown
MARYLAND LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cannon St. Ext.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown
STREET ADDRESS (If rural give location) Cannon St. Ext.

3. NAME OF DECEASED: (Type or Print) (First) Patricia (Middle) Ann (Last) Lewis

4. DATE OF DEATH: (Month) I/II/I956 (Day) (Year) 19

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: 3/28/I95I

9. AGE last birthday: 4 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Chestertown, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Elridge Lewis

14. MOTHER'S MAIDEN NAME: Helen Lins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT & ADDRESS: Elridge Lins Chestertown, Md. Cannon St. Ext.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO Acute enteritis - bacterial cultures? Sent but not reported — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 11, 19 56 to Jan 11, 19 56, that I last saw the deceased alive on Jan 11, 19 56, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE Robert W. Farr, M. D. ADDRESS Chestertown, Md. DATE SIGNED Jan. 12, 1956

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Jan. I4, I956 — NAME OF CEMETERY OR CREMATORY Chester Cem. — LOCATION (City, town, or county) (State) Chestertown, Md.

DATE REC'D BY LOCAL REGISTRAR Jan. 13-1956 — REGISTRAR'S SIGNATURE Clara L. Barnes.

24. FUNERAL DIRECTOR J. Willis Wells - ADDRESS Chestertown, Md.

705

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00688

CERTIFICATE OF DEATH

Reg. Dist. No. 2025

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Worton
MARYLAND
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Worton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Ernest (Middle) Licks (Last) Loller

4. DATE OF DEATH: (Month) JAN (Day) 25 (Year) 1956

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: Sept. 7, 1882
9. AGE last birthday: 73 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY: owner
11. BIRTHPLACE (State or foreign country): Kent Co. Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel Loller
14. MOTHER'S MAIDEN NAME: Ella Hicks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. YES
17. INFORMANT & ADDRESS: Worton, Md. Mrs. Bertha Skeggs Loller

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4-4X

IMMEDIATE CAUSE (A) Thrombosis of Carotid Artery.
DUE TO

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Paralysis Agitans
DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 5 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 20, 1956, to Jan. 25, 1956, that I last saw the deceased alive on Jan 23, 1956, and that death occurred at 7 A M, from the causes and on the date stated above.

SIGNATURE L. P. Ahrens M.D
ADDRESS Slick Pond Md
DATE SIGNED 1-25-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 1/27/1956
NAME OF CEMETERY OR CREMATORY: Chester Cemetery
LOCATION (City, town, or county) (State): Chestertown, Md.

DATE REC'D BY LOCAL REGISTRAR: Jan. 25-1956
REGISTRAR'S SIGNATURE: Clara S. Barnes
24. FUNERAL DIRECTOR: J. Willis Wells
ADDRESS: Chestertown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

00689

696

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 2021

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Queen Kent Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown Md. — LENGTH OF STAY (in this place) 37
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne's Hosp 72

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey — COUNTY Middlesex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sayreville
STREET ADDRESS (If rural, give location) 4 Bennett St N.J.

3. NAME OF DECEASED (Type or Print): (First) Eleanor (Middle) (Last) Mc Cutcheon

4. DATE OF DEATH: (Month) Jan (Day) 25 (Year) 19[illegible]

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) — 8. DATE OF BIRTH: 4/3/1900 — 9. AGE last birthday: 55 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Phila., Penna. — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Miller — 14. MOTHER'S MAIDEN NAME: Lena Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: 135-09-7326 — 17. INFORMANT AND ADDRESS: Wm. McCutcheon 34 Outlook Ave. Sayreville, N. J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Auto Accident 1/24-56

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Broken right arm cut on forehead & abrasions on body
(c) Had heart attack & died

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? Auto Accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

W. Harvey Fisher M.D. Centreville Md. Deputy Med Examiner for 2nd Dist Md. 1/25-56

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jan. 28, 1956 — NAME OF CEMETERY OR CREMATORY New Calvary — LOCATION (City, town, or county) (State) Parlin, N. J.

DATE REC'D BY LOCAL REG. Jan. 25-1956 — REGISTRAR'S SIGNATURE Claire L. Barnes. — 24. FUNERAL DIRECTOR J. Willis Wells — ADDRESS Chesterlown md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00696

7?6

CERTIFICATE OF DEATH

Reg. Dist. No. 2-03

1. PLACE OF DEATH: Kent COUNTY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall
LENGTH OF STAY (in this place): 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) Geprge (Middle) (Last) Powell

4. DATE OF DEATH: (Month) Jan. (Day) 28, (Year) I956 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: ? ? I870

9. AGE last birthday: 85 yrs

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10B. KIND OF BUSINESS OR INDUSTRY: Laborer

11. BIRTHPLACE (State or foreign country): Phila., Penna

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles ~~Lake~~ Powell

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Don't Know

17. INFORMANT & ADDRESS: W. H. Leedom — 5232 Pentridge St Phila. Penna.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 18 hours

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arteriosclerosis — years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY occur?

22. I hereby certify that I attended the deceased from Jan. 1, 19 55 to Jan 28., 19 56, that I last saw the deceased alive on Jan. 28, 19 56, and that death occurred at 3 P M. from the causes and on the date stated above.

SIGNATURE Willard F. Smith M.D M. D

ADDRESS Rock Hall, Md

DATE SIGNED 1/28/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: Feb. I, I956

NAME OF CEMETERY OR CREMATORY: Chester Cem.

LOCATION (City, town, or county) (State): Chestertown, Md.

DATE REC'D BY LOCAL REGISTRAR: 1/30/56

REGISTRAR'S SIGNATURE: S. Elwood Simpers

24. FUNERAL DIRECTOR: J. Willis Wells

ADDRESS: Chestertown, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00691

CERTIFICATE OF DEATH

Reg. Dist. No. 20.1

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent + Queen Anne's Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Worton
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (First) LeRoy (Middle) (Last) Scott

4. DATE OF DEATH: (Month) Jan (Day) 1 (Year) 1956.

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Sept 24 1896
9. AGE last birthday 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10B. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Scott
14. MOTHER'S MAIDEN NAME: Emma Minner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215-36-0174
17. INFORMANT & ADDRESS: Mrs. LeRoy Scott, Worton Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary thrombosis DUE TO

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH: 4 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-28, 1955, to 1/1, 1956 that I last saw the deceased alive on 12-31, 1955, and that death occurred at 4:25 A. M, from the causes and on the date stated above.

SIGNATURE A. O. Dick M. D. ADDRESS Chestertown Md DATE SIGNED 1-2-1956

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Jan. 4, 1956
NAME OF CEMETERY OR CREMATORY Denton Cemetery
LOCATION (City, town, or county) Denton (State) Md.

DATE REC'D BY LOCAL REGISTRAR 1/3/56
REGISTRAR'S SIGNATURE E. Kennard Jones
24. FUNERAL DIRECTOR Victor M. Kennedy ADDRESS Still Pond, Md.

CORONARY

THROMBOSIS

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00692

707

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH

COUNTY: Kent — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Millington

LENGTH OF STAY (In this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Md. COUNTY: Kent

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Millington

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): James (First) Lewis (Middle) Starkey (Last)

4. DATE OF DEATH (Month) Jan. (Day) 8 (Year) 19 56

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	May 8 1880	75 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Tenant Farmer	Md.	USA

13. FATHER'S NAME: John Starkey

14. MOTHER'S MAIDEN NAME: Ellen Boyles

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mattie O. Starkey Millington Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442.2 IMMEDIATE CAUSE (A) Stroke — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Cardio Vascular Disease — 10 years

DUE TO (C) Renal disease — unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	no injury	none

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 19 56, to Jan 8, 19 56, that I last saw the deceased alive on Jan 8, 19 56, and that death occurred at 3:40 P.M. from the causes and on the date stated above.

SIGNATURE: H H Hamilton M.D. — ADDRESS (Street, city, town, state): Millington Md — DATE SIGNED: 1/10/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 11 56	Millington Cemetery	Millington Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
1/10/56	Edward Fellows	Edward Fellows	Millington Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00693

698

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown
LENGTH OF STAY (in this place) 10 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural give location) Chestertown R.D. # 2

3. NAME OF DECEASED: (Type or Print) (First) Margret (Middle) Stratton (Last) Stoops

4. DATE OF DEATH: (Month) Jan. (Day) 8 (Year) 1956

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Sept. 28, 1878

9. AGE last birthday 77 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles T. Stratton

14. MOTHER'S MAIDEN NAME: Sarah Fennimore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS. Mrs. Carolyn Hopkins - Chestertown Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

527.2 IMMEDIATE CAUSE (A) Respiratory Arrest - DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Chronic Cystic Disease of The Lungs. with Fibrosis & Emphysema DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: # Years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Congestive Heart Failure

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/30, 1955, to 1/8, 1956, that I last saw the deceased alive on 1/8/56, 1956, and that death occurred at 1:20 A M, from the causes and on the date stated above.

SIGNATURE Thomas J. Solomon M. D. ADDRESS Centreville Md DATE SIGNED 1/8/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Jan. 10, 1956

NAME OF CEMETERY OR CREMATORY Chester Cemetery

LOCATION (City, town, or county) (State) Chestertown, Maryland

DATE REC'D BY LOCAL REGISTRAR Jan. 9-1956

REGISTRAR'S SIGNATURE Clara L. Barnes.

24. FUNERAL DIRECTOR Marvin K. Williams

ADDRESS Chestertown Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

708

00694

Reg. Dist. No. 202

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1. PLACE OF DEATH

COUNTY: Kent — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Chestertown

LENGTH OF STAY (in this place): life

HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.F.D. 2

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Kent

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Chestertown

STREET ADDRESS (If rural give location): R.F.D. 2

3. NAME OF DECEASED (Type or Print): (First) Janie (Middle) (Last) Thompson

4. DATE OF DEATH: (Month) Jan. (Day) IO, (Year) 19 I956

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 23, I879

9. AGE last birthday: 76 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Ringgold

14. MOTHER'S MAIDEN NAME: Sara Carroll

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): no — (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 2I3-22-9603

17. INFORMANT & ADDRESS: Walter Wallace, Chestertown, Md R.F.D 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A): Lobar pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSE(S) DUE TO (B): Congestive heart failure & hypertension — one year at least

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C):

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Mucous colitis — several years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER):

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.):

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.:

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from June, 19 53, to Jan 10, 19 56, that I last saw the deceased alive on Jan 10, 19 56, and that death occurred at 2 P.M, from the causes and on the date stated above.

SIGNATURE: Willard F Smith M.D. — ADDRESS (Street, city, town, state): Rock Hall, Md — DATE SIGNED: 1/10/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: I/I4/I956 — NAME OF CEMETERY OR CREMATORY: Sandy Bottom — LOCATION (City, town, or county) (State): nr.- Chestertown, Md.

24. REC'D BY REGISTRAR DATE: Jan. 12-1956 — REGISTRAR'S SIGNATURE: Clara L. Barnes

25. FUNERAL DIRECTOR'S SIGNATURE: J Willis Wells — ADDRESS: Chestertown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

709

00695

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) R.FD.

3. NAME OF DECEASED (Type or Print): (First) Lucie Maria (Middle) Grover (Last) Usilton
4. DATE OF DEATH (Month) (Day) (Year): Jan. 4, 1956
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: May 9, 1874
9. AGE last birthday: 81 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Texas
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James Grover
14. MOTHER'S MAIDEN NAME: Katherine Hollihan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Herbert Usilton Chestertown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio Vascular - Cerebral Insufficiency Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis, Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1955, to Jan. 4, 1956, that I last saw the deceased alive on Jan. 3, 1956, and that death occurred at 3:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert C Ritchy | ADDRESS Rock Hall | DATE SIGNED Jan 4/56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Jan. 7 1956 | NAME OF CEMETERY OR CREMATORY: Chester Cem. | LOCATION (City, town, or county) (State): Chestertown, Md.

DATE REC'D BY LOCAL REG.: Jan. 5-1956 | REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR: J. Willis Wells | ADDRESS: Chestertown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH--BALTIMORE, 18

00696

710

CERTIFICATE OF DEATH

Reg. Dist. No. 200

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1. PLACE OF DEATH

COUNTY: Kent — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Millington — LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Md — COUNTY: Kent

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Millington

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) NELLIE VIOLA (Middle) WILSON (Last)

4. DATE OF DEATH: (Month) Jan. (Day) 14, (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Colored	Married	Feb. 7, 1892	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	own Home	Maryland	usa

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Sampson	Mary Garrison

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
	220-01-3242	Slater Wilson Millington Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4343 IMMEDIATE CAUSE (A) Syncope of the heart. — INTERVAL BETWEEN ONSET AND DEATH: Suddenly

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO —

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 19——, to ——, 19——, that I last saw the deceased alive on Jan. 14, 1956, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE: Geo Kroeckel M.D. — ADDRESS (Street, city, town, state): Millington Md. — DATE SIGNED: 1-16-56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan 18 1956	Fountain M.C. Am.	Rural Lynch md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
1/16/56	Edward Fellows.	Edward Fellows	Millington Md